

**COMMONWEALTH OF KENTUCKY**  
**Instructions for Obtaining a Kentucky State ABC License**

**REQUIREMENTS:**

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. KRS 243.360 requires ABC applicants to first publish their intentions to apply for a license in the newspaper. The statute exempt those making application for a liquor and wine storage warehouse license, bottling house storage license, bonded warehouse license, special off-premises retail beer storage license, beer distributor storage license, and a malt beverage warehouse license. If you are applying for one of these license types you may skip this step and go to step 2.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.  
**WE MAY NOT ACCEPT CASH BY MAIL OR HAND DELIVERY!!!!!!**
- STEP 4. All applicants are responsible for providing a recent copy (no more than 30 days old) of a **statewide** police criminal background check from all states where you have resided for the past (5) years. Attached are instructions on how to obtain a statewide criminal background check. For Kentucky dial (800) 928-6381 or go to [www.courts.ky.gov](http://www.courts.ky.gov)
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.
- STEP 6. If you own the real estate where you proposed to sell alcoholic beverages, please attach a copy of a valid deed on file with the County Clerk. If you do not own the real estate where you are proposing to sell alcoholic beverages, please provide a copy of a current and fully executed lease. (Land contracts are not acceptable).
- STEP 7. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.
- STEP 8. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.
- STEP 9. Take your application to your local ABC administrator and obtain their signature of approval on your state application.  
**(LOCAL LICENSING)** There may be local requirements and fees in addition to this state application you must meet. The longer your state application sits in the local office pending approval the longer it will take the state ABC to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible. Visit our web site for a list of the Local Administrator in your area at <http://abc.ky.gov/>
- (TIME)** New licenses take the State ABC Office approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a **written request for a refund**. The Office will retain \$50 of your application fee for processing costs.

**If you have any questions or need assistance, please contact our Office or visit our web site.**

**FRANKFORT:** Dept. of Alcoholic Beverage Control <http://abc.ky.gov>  
1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

**(FEDERAL LICENSE)** You are required to obtain a Federal "Special Occupational Tax" Stamp or a "Federal Basic Permit" from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**).  
Forms and instructions are available on line at [www.ttb.gov](http://www.ttb.gov)  
By mail or in person at the address listed below:

Federal Alcohol and Tobacco Tax and Trade Bureau  
National Revenue Center, Suite 8002  
550 Main St., Cincinnati, Ohio 45202-5215  
(513) 684-3334 Cincinnati number  
(1-800-937-8864)

Commonwealth of Kentucky  
**Department of Alcoholic Beverage Control**  
1003 Twilight Trail  
Frankfort, Ky. 40601  
  
(502) 564-4850 phone  
(502) 564-1442 fax

<http://www.abc.ky.gov>

**HOW TO OBTAIN YOUR  
STATE CRIMINAL HISTORY INFORMATION GO TO THE TELEPHONE NUMBER OF WEB LINK BELOW**

**Alabama** 334-353-1172 [www.dps.state.al.us/public/abi/cic.asp](http://www.dps.state.al.us/public/abi/cic.asp)

**Alaska** 907-269-5767 [www.dps.state.ak.us/statewide/background/index.asp](http://www.dps.state.ak.us/statewide/background/index.asp)

**Arizona** 602-223-2222 [www.azdps.gov/reports/fingerprint/faq/default.asp](http://www.azdps.gov/reports/fingerprint/faq/default.asp)

**Arkansas** 501-618-8500 [www.asp.state.ar.us/demo/criminal/help\\_p2.php#122](http://www.asp.state.ar.us/demo/criminal/help_p2.php#122)

**California** Please contact our office for information.

**Colorado** 303-239-4208 <https://www.cbirecordscheck.com>

**Connecticut** 860-685-8480 [www.state.ct.us/dps/spbi.htm](http://www.state.ct.us/dps/spbi.htm)

**Delaware** Please contact our office for information.

**Florida** 850-410-8109 [www.fdle.state.fl.us/CriminalHistory/](http://www.fdle.state.fl.us/CriminalHistory/)

**Georgia** 404-986-5000 [www.ganet.org/gbi/crimhist.html](http://www.ganet.org/gbi/crimhist.html)

**Hawaii** 808-587-3100 [www.hawaii.gov/hcjdc/form.htm](http://www.hawaii.gov/hcjdc/form.htm)

**Idaho** 208-884-7130 [www.isp.state.id.us/identification/crime\\_history/index.html](http://www.isp.state.id.us/identification/crime_history/index.html)

**Illinois** 815-740-5160 [www.isp.state.il.us/crime/uciahome.cfm](http://www.isp.state.il.us/crime/uciahome.cfm)

**Indiana** 317-233-2010 [www.in.gov/ai/hr/verification.html](http://www.in.gov/ai/hr/verification.html)

**Iowa** 515-281-4776 [www.state.ia.us/government/dps/dci/crimhist.htm](http://www.state.ia.us/government/dps/dci/crimhist.htm)

**Kansas** 785-296-6518 [www.accesskansas.org/kbi/criminalhistory/](http://www.accesskansas.org/kbi/criminalhistory/)

**Kentucky** 800-928-6381 or 502-573-1682 [www.courts.ky.gov](http://www.courts.ky.gov) Effective January 19, 2010 all applicants that are Kentucky residents are required to obtain and submit their own Kentucky police record/criminal background check from the Kentucky Administrative Office of the Courts (KAOC). Kentucky ABC will no longer be accepting payment for or requesting criminal background checks on behalf of the applicant. Please go to the AOC website for full instructions on obtaining background checks.

<http://www.courts.ky.gov/aoc/AOCFastCheck.htm>

**Louisiana** 225-925-6095 [www.lsp.org/who\\_support.html#criminal](http://www.lsp.org/who_support.html#criminal)

**Maine** 207-624-7240 [www.informe.org/PCR/](http://www.informe.org/PCR/)

**Maryland** 888-795-0011 [www.dpscs.state.md.us/publicservs/bgchecks.shtml](http://www.dpscs.state.md.us/publicservs/bgchecks.shtml)

**Massachusetts** 617-660-4600 <http://www.mass.gov/chsb/>

**Michigan** 517-322-1956 [www.michigan.gov/ichat](http://www.michigan.gov/ichat)

**Minnesota** 651-793-2400 [www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html](http://www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html)

**Mississippi** Please contact our office for information.

**Missouri** 573-526-6153 [www.mshp.dps.missouri.gov](http://www.mshp.dps.missouri.gov)

**Montana** 406-444-3625 [www.doj.state.mt.us/enforcement/backgroundchecks.asp](http://www.doj.state.mt.us/enforcement/backgroundchecks.asp)

**Nebraska** 402-471-4545 [www.nsp.state.ne.us/findfile.asp?ID=209](http://www.nsp.state.ne.us/findfile.asp?ID=209)

**Nevada** 775-687-1600 [www.nvrepository.state.nv.us/](http://www.nvrepository.state.nv.us/)

**New Hampshire** 603-271-2538 [www.state.nh.us/safety/nhsp/cr.html#criminal](http://www.state.nh.us/safety/nhsp/cr.html#criminal)

**New Jersey** 609-882-2000 ext 2918 [www.state.nj.us/lps/njsp/about/serv\\_chrc.html#background](http://www.state.nj.us/lps/njsp/about/serv_chrc.html#background)

**New Mexico** 505-827-9181 [www.dps.nm.org/faq/record\\_request.htm](http://www.dps.nm.org/faq/record_request.htm)

**New York** 518-485-7675 [www.criminaljustice.state.ny.us/ojis/recordreview.htm](http://www.criminaljustice.state.ny.us/ojis/recordreview.htm)

**North Carolina** [www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1](http://www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1)

**North Dakota** 701-328-5510 [www.ag.state.nd.us/bci/chr/chr.html](http://www.ag.state.nd.us/bci/chr/chr.html)

**Ohio** 740-845-2375 [www.webcheck.ag.state.oh.us](http://www.webcheck.ag.state.oh.us)

**Oklahoma** 405-848-6742 <http://www.osbi.state.ok.us/PublicServices.htm>

**Oregon** [http://egov.oregon.gov/osp/ID/does/crim\\_history.pdf](http://egov.oregon.gov/osp/ID/does/crim_history.pdf)

**Pennsylvania** 717-783-5494 <http://epatch.state.pa.us/Home.jsp>

**Rhode Island** 401-274-4400 <http://www.riag.ri.gov/criminal/bci.php>

**South Carolina** 803-737-9000 [www.sled.state.sc.us/default.htm](http://www.sled.state.sc.us/default.htm)

**South Dakota** 605-773-3331 [dci.sd.gov/administration/id/cch.htm](http://dci.sd.gov/administration/id/cch.htm)

**Tennessee** 304-625-5590 [www.tbi.state.tn.us/divisions/isd\\_riu\\_faqs.htm](http://www.tbi.state.tn.us/divisions/isd_riu_faqs.htm)

**Texas** 512-424-2079 [http://records.txdps.state.tx.us/dps\\_web/APP\\_PORTAL/index.aspx](http://records.txdps.state.tx.us/dps_web/APP_PORTAL/index.aspx)

**Utah** 801-965-4445 [bci.utah.gov/Records/RecOwnRecord.html](http://bci.utah.gov/Records/RecOwnRecord.html)

**Vermont** 802-244-8727 ext 5237 [www.dps.state.vt.us/cjs/recordcheck6.html](http://www.dps.state.vt.us/cjs/recordcheck6.html)

**Virginia** <http://www.vsp.state.va.us/cjis.htm>

**Washington** [watch.wsp.wa.gov/](http://watch.wsp.wa.gov/)

**West Virginia** Please contact our office for information.

**Wisconsin** 608-266-5764 [www.doj.state.wi.us/dles/cib/crimback.asp#Q9](http://www.doj.state.wi.us/dles/cib/crimback.asp#Q9)

**Wyoming** [attorneygeneral.state.wy.us/dci/chc.html](http://attorneygeneral.state.wy.us/dci/chc.html)

## HOW TO FIGURE STATE ABC LICENSE FEES (\$)

**Revised 01/19/10**

- Pick the County where your premises are to be located from this chart.
- Pick the month you want the license(s) to become effective.
- Which fee will you pay? ☐ A full Year Fee ☐ A half Year Fee
- Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

County Code	Name of County	Full Years Fee	Half Years Fee
1.	<b>Adair</b>	May – October	November – April
2.	<b>Allen</b>	May – October	November – April
3.	<b>Anderson</b>	July – December	January – June
4.	<b>Ballard</b>	January - June	July - December
5.	<b>Barren</b>	May – October	November – April
6.	<b>Bath</b>	May – October	November - April
7.	<b>Bell</b>	June –November	December - May
8.	<b>Boone</b>	October – March	April – September
9.	<b>Bourbon</b>	July – December	January – June
10.	<b>Boyd</b>	July – December	January – June
11.	<b>Boyle</b>	June –November	December - May
12.	<b>Bracken</b>	July – December	January – June
13.	<b>Breathitt</b>	May – October	November - April
14.	<b>Breckinridge</b>	February – July	August - January
15.	<b>Bullitt</b>	February – July	August – January
16.	<b>Butler</b>	February – July	August – January
17.	<b>Caldwell</b>	April-September	October - March
18.	<b>Calloway</b>	April – September	October – March
19.	<b>Campbell</b>	November – April	May – October
20.	<b>Carlisle</b>	April – September	October – March
21.	<b>Carroll</b>	July – December	January – June
22.	<b>Carter</b>	July – December	January – June
23.	<b>Casey</b>	May – October	November – April
24.	<b>Christian</b>	April – September	October - March
25.	<b>Clark</b>	May – October	November – April
26.	<b>Clay</b>	May – October	November – April
27.	<b>Clinton</b>	May – October	November – April
28.	<b>Crittenden</b>	April – September	October – March
29.	<b>Cumberland</b>	April – September	October – March
30.	<b>Daviess</b>	February – July	August – January
31.	<b>Edmonson</b>	March – August	September – Feb.
32.	<b>Elliott</b>	May – October	November – April
33.	<b>Estill</b>	May – October	November – April
34.	<b>Fayette by zip codes</b>	By zip codes	By zip codes
	40501-40505	October - March	April - September
	40506-40509	November - April	May - October
	40510-41906	December - May	June - November
35.	<b>Fleming</b>	May – October	November – April
36.	<b>Floyd</b>	June – November	December – May
37.	<b>Franklin</b>	July – December	January – June
38.	<b>Fulton</b>	April – September	October – March
39.	<b>Gallatin</b>	July – December	January – June
40.	<b>Garrard</b>	June – November	December – May
41.	<b>Grant</b>	December – May	June – November
42.	<b>Graves</b>	April – September	October – March

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County Code	Name of County	Full Years Fee	Half Years Fee
43.	<b>Grayson</b>	March – August	September - February
44.	<b>Green</b>	March – August	September - February
45.	<b>Greenup</b>	July – December	January - June
46.	<b>Hancock</b>	January – June	July – December
47.	<b>Hardin</b>	February – July	August – January
48.	<b>Harlan</b>	June – November	December – May
49.	<b>Harrison</b>	June – November	December – May
50.	<b>Hart</b>	March – August	September - February
51.	<b>Henderson</b>	March – August	September – February
52.	<b>Henry</b>	July – December	January – June
53.	<b>Hickman</b>	April – September	October – March
54.	<b>Hopkins</b>	May – October	November – April
55.	<b>Jackson</b>	May – October	November – April
56.	<b>Jefferson by zip codes</b>	By Zip Codes	By Zip Codes
	40023	February – July	August - January
	40025 - 40027	March – August	September - March
	40041	June – November	December -May
	40059	March – August	September - January
	40118	April – September	October - March
	40177	April – September	October - March
	40201 - 40202	December – May	June – November
	40203 - 40204	November – April	May –October
	40205	February – July	August – January
	40206	October – March	April - September
	40207 - 40209	June – November	December – May
	40210 - 40212	April – September	October – March
	40213 - 40216	March – August	September –February
	40217 - 40218	February – July	August – January
	40219	March – august	September – February
	40220 - 40242	February – July	August – January
	40243 – 40256	March – August	September – February
	40257	June – November	December – May
	40258	October – March	April – September
	40259	March –August	September – February
	40261 – 40266	December – May	June – November
	40268	October – March	April – September
	40269	March – August	September - February
	40270 – 40289	October – March	April – September
	40290 – 40291	November – April	May – October
	40292	June – November	December – May
	40293 – 40298	November – April	May – October
	40299	March – August	September – February
57.	<b>Jessamine</b>	May – October	November – April
58.	<b>Johnson</b>	June - November	December - May
59.	<b>Kenton</b>	December – May	June – November
60.	<b>Knott</b>	May – October	November - April
61.	<b>Knox</b>	June - November	December - May
62.	<b>Larue</b>	March – August	September - February

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- Which fee will you pay? ☐ A full Year Fee ☐ A half Year Fee
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County Code	Name of County	Full Years Fee	Half Years Fee
63.	<b>Laurel</b>	June - November	December - May
64.	<b>Lawrence</b>	May - October	November - April
65.	<b>Lee</b>	May - October	November - April
66.	<b>Leslie</b>	May - October	November - April
67.	<b>Letcher</b>	June - November	December - May
68.	<b>Lewis</b>	July - December	January - June
69.	<b>Lincoln</b>	May - October	November - April
70.	<b>Livingston</b>	April - September	October - March
71.	<b>Logan</b>	May - October	November - April
72.	<b>Lyon</b>	April - September	October - March
73.	<b>McCracken</b>	April - September	October - March
74.	<b>McCreary</b>	January - June	July - December
75.	<b>Mc Lean</b>	March - August	September - February
76.	<b>Madison</b>	June - November	December - May
77.	<b>Magoffin</b>	June - November	December - May
78.	<b>Marion</b>	May - October	November - April
79.	<b>Marshall</b>	April - September	October - March
80.	<b>Martin</b>	May - October	November - April
81.	<b>Mason</b>	July - December	January - June
82.	<b>Meade</b>	February - July	August - January
83.	<b>Menifee</b>	May - October	November - April
84.	<b>Mercer</b>	May - October	November - April
85.	<b>Metcalfe</b>	April - September	October - March
86.	<b>Monroe</b>	April - September	October - March
87.	<b>Montgomery</b>	June - November	December - May
88.	<b>Morgan</b>	May - October	November - April
89.	<b>Muhlenberg</b>	May - October	November - April
90.	<b>Nelson</b>	May - October	November - April
91.	<b>Nicholas</b>	July - December	January - June
92.	<b>Ohio</b>	March - August	September - February
93.	<b>Oldham</b>	July - December	January - June
94.	<b>Owen</b>	February - July	August - January
95.	<b>Owsley</b>	May - October	November - April
96.	<b>Pendleton</b>	July - December	January - June
97.	<b>Perry</b>	June - November	December - May
98.	<b>Pike</b>	July - December	January - June
99.	<b>Powell</b>	May - October	November - April
100.	<b>Pulaski</b>	June - November	December - May
101.	<b>Robertson</b>	July - December	January - June
102.	<b>Rockcastle</b>	May - October	November - April
103.	<b>Rowan</b>	July - December	January - June
104.	<b>Russell</b>	May - October	November - April
105.	<b>Scott</b>	July - December	January - June
106.	<b>Shelby</b>	July - December	January - June

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- Which fee will you pay? ☐ A full Year Fee ☐ A half Year Fee
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County Code	Name of County	Full Years Fee	Half Years Fee
107.	<b>Simpson</b>	May – October	November - April
108.	<b>Spencer</b>	February – July	August – January
109.	<b>Taylor</b>	May – October	November - April
110.	<b>Todd</b>	May – October	November – April
111.	<b>Trigg</b>	April – September	October – March
112.	<b>Trimble</b>	February – July	August – January
113.	<b>Union</b>	March – August	September - February
114.	<b>Warren</b>	May – October	November - April
115.	<b>Washington</b>	May – October	November – April
116.	<b>Wayne</b>	May – October	November – April
117.	<b>Webster</b>	March – August	September - February
118.	<b>Whitley</b>	June – November	December - May
119.	<b>Wolfe</b>	July – December	January – June
120.	<b>Woodford</b>	July – December	January - June

COMMONWEALTH OF KENTUCKY  
**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502.564.4850 phone  
502.564.1442 fax

Site I.D. #

**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"**

*Applications may be returned if not all questions are answered completely.*

**Leave Blank – For ABC Use Only**

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A) 1.** Applicant's name(s) or company to be licensed \_\_\_\_\_

DBA (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_ Premises phone \_\_\_\_\_

List all ABC Schedule(s) you have attached \_\_\_\_\_ Fee enclosed \$ \_\_\_\_\_

**(B) 2.** Tax numbers (must be issued in the applicant's name).

Ky. Sales & Use Tax # \_\_\_\_\_

Ky. Withholding Tax # \_\_\_\_\_

Ky. Corporate Tax # \_\_\_\_\_

Federal EIN # \_\_\_\_\_

**(C) 3.** List all types of licenses you are applying for \_\_\_\_\_

**4.** What Month do you want your license(s) to become effective? \_\_\_\_\_

**5.** Describe the type of business you will operate and list how you will sell alcoholic beverages. \_\_\_\_\_

Check all boxes that apply: ☐ Beer: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.  
☐ Wine ☐ Distilled Spirits: ☐ By the drink only, ☐ By the package only, ☐ Both by the drink and package.

**6.** Are you the owner of the real estate where these premises are to be licensed?.....☐ Yes ☐ No

If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate \_\_\_\_\_ Give date lease expires \_\_\_\_\_

**(D) 7.**

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

***If additional space is needed, please make an attachment.***

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

***Please state in section D7 if this is a publicly held company.***



- (E) 8. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State?.....☐ Yes ☐ No  
List the State Incorporated or organized in \_\_\_\_\_  
Attach a copy of your Articles of Incorporation or Articles of Organization.  
If incorporated or organized in another state, attach a Certificate of Authority to do business in Kentucky.
9. Is the entire license fee paid by the applicant and by no other person?.....☐ Yes ☐ No
10. Are the premises to be licensed located within an incorporated city or town?.....☐ Yes ☐ No  
If yes, list the name of the city or town \_\_\_\_\_
11. Have you ever been licensed to sell alcoholic beverages?.....☐ Yes ☐ No  
If yes, give the name of the state and license number(s) \_\_\_\_\_  
If in Kentucky, are you transferring this license to a new location?.....☐ Yes ☐ No
12. Does anyone named in section D 7 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying? .....☐ Yes ☐ No  
If yes, describe the interest(s) \_\_\_\_\_
13. Has the applicant or any person named in section D 7 been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?.....☐ Yes ☐ No  
If yes, **you must attach a statement** giving a full explanation, including date(s) of conviction(s).
14. Has a license been suspended or revoked or denied for the premises to be licensed or any person named in section D7 of this Application herein? If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.....☐ Yes ☐ No
15. Are the premises to be licensed and the entrance located on the street level?.....☐ Yes ☐ No  
If no, is the business a hotel, club or restaurant?.....
16. a. Have the premises applied for been licensed to sell alcoholic beverages in the past twelve months?.....☐ Yes ☐ No  
b. Are the premises currently licensed?.....☐ Yes ☐ No  
c. If yes, give the Kentucky License number (s) \_\_\_\_\_  
d. Is the license being transferred to you?.....☐ Yes ☐ No  
e. Are you acquiring an interest in the existing business?.....☐ Yes ☐ No  
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment ☐ Ownership by purchase of shares  
☐ Ownership by purchase of assets ☐ Leases ☐ Other \_\_\_\_\_

**(F) 17. THE SELLER SHOULD COMPLETE THIS SECTION IF QUESTION# 16 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), \_\_\_\_\_ the seller(s) or owner(s) of the business known  
(Enter the **exact name(s)** that appears on the current license(s))

as \_\_\_\_\_ located at \_\_\_\_\_ Kentucky, am the holder of a  
☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ \_\_\_\_\_ (other) license(s). The license number(s) is  
(are) \_\_\_\_\_. I hereby represent that I have agreed to convey all license privileges (permitted by law) to  
\_\_\_\_\_. I (we) understand that I (we) **may not** relinquish control of the business,  
(Enter the **exact name(s)** that is applying to become the new licensee)  
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Office of Alcoholic Beverage Control.

**Signature of Seller** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)  
Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_  
Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**(G) 18. AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, \_\_\_\_\_ (print your name here), do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I also swear or affirm that no persons listed in Section D-7 of this application are in default of a repayment obligation, such as a student loan repayment, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA). KRS 164.772.

**Signature of Buyer or New Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_  
Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**SCHEDULE "S"**  
**STORAGE AND WAREHOUSE LICENSE**

LEAVE BLANK – FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

Distilled Spirits Administrator's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

Malt Beverage Administrator's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A). Applicant's name(s) or company to be licensed** \_\_\_\_\_

**D.B.A. (Name of Business)** \_\_\_\_\_

**Address of premises to be licensed** \_\_\_\_\_

**(B). 1. Are you applying for a Liquor and Wine Storage Warehouse License?**..... ☐ Yes ☐ No  
If yes, list the purpose you have for this license. \_\_\_\_\_  
KRS 243.035, 243.350 and 804 KAR 4:040 require a separate application & license for each storage location.

**(1)(a).**  
Are you applying for a **Bottling House Storage License**?..... ☐ Yes ☐ No  
If yes, KRS 243.035, 243.350, and 804 KAR 4:040 require applicants to be parties not otherwise entitled to store, bottle, or warehouse distilled spirits or wine but who are so authorized by the Federal government and who are required to keep as part of their permanent records, US Treasury Dept. forms.  
If you are applying for a Ky. Bottling House Storage license KRS 243.400 requires that a \$1,000 surety bond be Provided per location. Is your surety bond attached? See attached bond example..... ☐ Yes ☐ No ☐ N/A

**2. Are you applying for a Bonded Warehouse License to store distilled spirits or wine?**..... ☐ Yes ☐ No  
If yes, under KRS 243.350 and 804 KAR 4:200 are you a distiller, who has suspended manufacturing, but continues to store distilled spirits or wine?..... ☐ Yes ☐ No

**3. Are you applying for a Special Off-Premises Retail Beer Storage License?**..... ☐ Yes ☐ No  
If yes, 804 KAR 4:130 requires you to be a holder of a Kentucky retail beer license. List your Kentucky Retail Beer License Number \_\_\_\_\_ and list the location of your retail licensed premises: \_\_\_\_\_.

**4. Are you applying for a Beer Distributor Storage License?** ..... ☐ Yes ☐ No  
If yes, 804 KAR 4:140 requires you to be a holder of a Kentucky Beer Distributor's License. List your Kentucky State License Number. \_\_\_\_\_ and the address of your distributor's premises: \_\_\_\_\_.

**5. Are you applying for a Malt Beverage Warehouse License under KRS 243.040?** ..... ☐ Yes ☐ No  
If yes, do you hold a Kentucky Brewers' License or a Kentucky Out-Of-State Brewers' License? ..... ☐ Yes ☐ No  
If yes, list your Kentucky State ABC License Number: \_\_\_\_\_ and the address of your brewery premises: \_\_\_\_\_.

**(C).**  
I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this application schedule into my ABC Basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use of and trafficking in alcoholic beverages.

**Signature of Applicant** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**(D). OBTAIN LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL**

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application schedule, the ABC Basic application, fees, and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office in Frankfort, Kentucky.

**This certifies that the applicant(s) herein above named have been approved for the types of licenses applied for and for the premises above specified.**

**SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_  
☐ City of \_\_\_\_\_ Administrator or the ☐ County of \_\_\_\_\_ Administrator

You may now forward this application schedule, ABC Basic application, all attachments, and your state license fee to:

Commonwealth of Kentucky  
Dept. of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

**TYPES OF LICENSES & FEES**

Site ID #

To determine the ABC license fee, find the license type(s) in the left column, and then move right across the table. Licenses issued 6 months or more pay of full year fee. Licenses issued less than 6 months pay one-half year fee.

**Attach a certified check, cashier check, or a money order for your license fees.**

**Make payable to: KENTUCKY STATE TREASURER**

**NO CASH!**

<b><u>LICENSE TYPE</u></b>	<b>PREFIX</b>	<b>✓</b>	<b>FULL YEAR FEE Pay this amount</b>	<b>HALF YEAR FEE Pay this amount</b>
<input type="checkbox"/> <b>SPECIAL OFF PREMISES RETAIL BEER STORAGE</b> <i>804 KAR 4:130 for Ky. licensed beer retailers</i>	BS	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> <b>BEER DISTRIBUTOR STORAGE</b> <i>804 KAR 4:140 for Ky. licensed beer distributors</i>	DS	<input type="checkbox"/>	250.00	125.00
<input type="checkbox"/> <b>MALT BEVERAGE WAREHOUSE</b> <i>KRS 243.040 for Ky. licensed brewers</i>	MBS	<input type="checkbox"/>	1,000.00	500.00
<input type="checkbox"/> <b>STORAGE WAREHOUSE STORAGE</b> <i>(liquor and wine)</i> <i>KRS 243.350 and 804 KAR 4:040 for persons who are not otherwise authorized to store or warehouse but are authorized by the Federal Government (TTB) to store and warehouse distilled spirits and wine and required to keep as part of their permanent records, US Treasury Dept. forms.</i>	SW	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> <b>BOTTLING HOUSE STORAGE</b> <i>(distilled spirits)</i> <i>KRS 243.035, 243.400, and 804 KAR 4:040 for persons who are not otherwise authorized to store or warehouse but are authorized by the Federal Government (TTB) to store and warehouse distilled spirits and wine and required to keep as part of their permanent records, US Treasury Dept. forms.</i>	BH	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> <b>BONDED WAREHOUSE</b> <i>(For distillers who have suspended manufacturing, but continue to store distilled spirits or wine.)</i> <i>804 KAR 4:200</i>	BW	<input type="checkbox"/>	1,000.00	500.00
<b>TOTALS</b>				

**CHECK LIST**

- Have you answered each question fully and checked the types of licenses you are applying for? ☐ Yes ☐ No
- We may not accept cash!** Have you attached a certified check, cashier check or money order, payable to: Kentucky State Treasurer for your license fees? ☐ Yes ☐ No
- If you are applying for a Bottling House Special Storage license have you attached a copy of your \$1,000 bond? ☐ Yes ☐ No
- Have you attached articles of incorporation, partnership papers, or other Organizational papers? ☐ Yes ☐ No
- Have you attached a signed copy of your deed or a signed lease that does not expire before your license? ☐ Yes ☐ No
- Have you secured the signature of approval from your local ABC Administrator on this application? ☐ Yes ☐ No
- Have you enclosed your Criminal Background Record Checks from the state(s) where you have resided for the past five (5) years? ☐ Yes ☐ No
- KRS 243.360 requires ABC applicants to first publish their intentions to apply for a license in the newspaper. The statute exempt applicants making application for a liquor and wine storage warehouse license, bottling house storage license, bonded warehouse license, special off-premises retail beer storage license, beer distributor storage license, and a malt beverage warehouse license.

KY ABC-Remittance Form  
January 19, 2010

Commonwealth of Kentucky

**Dept. of Alcoholic Beverage Control**

1003 Twilight Tr.  
Frankfort, Ky. 40601-8400

(502) 564-4850 Phone  
(502) 564-1442 Fax

<http://abc.ky.gov/>

(502) 564-4850 Phone  
(502) 564-1442 Fax

*If you are making payment with a credit card or by EFT please provide the following information.*

Print Name (as it appears on credit card) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date (Month and Year) \_\_\_\_\_

***Check your method of payment***

AMOUNT \$ \_\_\_\_\_.

☐ Visa

☐ MasterCard

☐ Discover

☐ EFT (Bank Name) \_\_\_\_\_, (Routing #) | : \_ \_ \_ \_ \_ | : (Checking Account #) \_ \_ \_ \_ \_ | :

***Reason for your payment***

☐ ABC Licensing ☐ STAR Training ☐ ABC Fine ☐ Tobacco Fine ☐ Open Records Request

Credit or apply this payment to: (Name) \_\_\_\_\_ (DBA) \_\_\_\_\_

Site I.D.# \_\_\_\_\_. License # \_\_\_\_\_ (Phone) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.